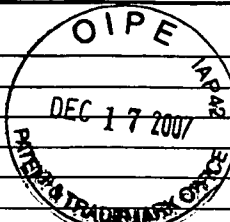


IDS Form PTO/SB/08: Substitute for form 1449A/PTO <div style="text-align: center;">INFORMATION DISCLOSURE STATEMENT BY APPLICANT</div> <div style="text-align: center; font-size: small;">(Use as many sheets as necessary)</div>				Complete if Known		
Application Number		10/577,451				
Filing Date		April 27, 2006				
First Named Inventor		Masaaki Mori				
Art Unit		1743				
Examiner Name		To be Assigned				
Sheet	1	of	1	Attorney Docket Number		06854-0051

U.S. PATENTS AND PUBLISHED U.S. PATENT APPLICATIONS					
Examiner Initials	Cite No. ¹	Document Number Number-Kind Code ² (if known)	Issue or Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US-2002/0134940 A1	09-26-2002	Kunihiko Ohkubo et al.	
		US-			
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Note: Submission of copies of U.S. Patents and published U.S. Patent Applications is not required.

FOREIGN PATENT DOCUMENTS						
Examiner Initials	Cite No. ¹	Foreign Patent Document Country Code ³ Number ⁴ Kind Code ⁵ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	Translation ⁶
		TW 542910B	07-21-2003	Otsuka Pharma Co Ltd		Abstract
		TW 421713B	02-11-2001	Otsuka Pharma Co Ltd		Abstract
		TW 354764	02-01-1999			

NONPATENT LITERATURE DOCUMENTS			
Examiner Initials	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	Translation ⁶

Examiner Signature	/Samuel Siefke/	Date Considered	01/14/2010
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.
1502337_1.DOC

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /SS/